Doctors for the rural poor

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Gandhian philosophy is applied in a programme of community-based training for medical students in India with the objective of preparing them to work in underserved and rural areas.

The Mahatma Gandhi Institute of Medical Sciences at Sevagram was established in 1969 in order to encourage and prepare medical students to serve in rural areas of India. It aims to give students a broad knowledge of health problems through community-based training in which the social environment is taken into account as well as the need for preventive and curative measures. Aspiring doctors are thus made aware of the role of patients, families and communities in preventing disease, maintaining and promoting health, and creating an atmosphere in which people who become unwell seek treatment and accept the guidance of health workers.

Candidates from all over the country are selected on the basis of the results of an examination that includes a paper on Gandhian thought, with particular reference to the development of appropriate health care for underprivileged and rural populations.

**Orientation**

Soon after admission to the Institute, students attend a 15-day orientation course where they learn about a value system based on Gandhian ideology. They are thus helped to appreciate the humanistic dimension of their profession. The Institute has a code of conduct with the following features.

- Non-vegetarian foods, smoking, alcohol and other noxious drinks are avoided.
- The students engage in self-help by washing their own clothes and cleaning their classroom and toilets, and participate in community activities and in morning and evening prayers embracing all religions.

Observation of this code helps towards an understanding of the value of honesty, the dignity of labour, and the need for religious tolerance. The students are taught about the relevance of Gandhian ideology to personal hygiene, environmental sanitation, nutrition and spiritual health, and the roles of yoga and nature cure are discussed.

**Village adoption**

With a view to avoiding the creation of doctors who are culturally and professionally ill-equipped to deal with the problems of rural communities, three months after admission all

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students are posted to villages for 15 days, where they experience the same conditions as the inhabitants. In this way a heightened understanding is gained of the need for adequate nutrition, safe water and basic sanitation, and of the influence of various socioeconomic and cultural factors on health. The concept of family health care is brought home to the students with the help of auxiliary nurse midwives, social workers, health educators, sanitary inspectors, psychologists and social physicians working in the villages. The students are able to observe that community leaders, social organizations and village health committees help to promote the utilization of the health care system, and that the solving of health problems by the villagers themselves is of considerable importance. With the help of interns, each student conducts sociodemographic, dietary and health appraisals in three or four families. The students revisit the families and participate in their care once a month over the next four and a half years.

In the first 18 months of this period the students study personal hygiene, basic sanitation, housing, immunization, diet, nutrition, growth and development.

The following year, groups of students undertake improvement projects connected with sanitation, drinking-water, nutrition, personal hygiene, immunization and other matters.

During the subsequent year the students are given exercises related to maternal and child health, growth and development, breast-feeding, weaning, antenatal care and nutrition education. Consideration is given to health education involving teaching aids developed by the students themselves, and to fertility control.

In their final year the students perform exercises pertaining to locally endemic diseases and their association with overcrowding, vectors, unsatisfactory personal hygiene, unsafe drinking-water and poor sanitation, and develop health education materials on preventive measures and maternal and child health.

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The roles of village health workers, schoolteachers and village health committees are examined.

Reorientation of medical education

A field course lasting a month is organized for students immediately before their final year. Attention is drawn to the influence of social and environmental factors in the causation of disease at the family level. The functioning of a primary health centre and the roles of the various staff members are explained. The students conduct a small community survey in a rural area so as to become acquainted with the collection and analysis of data and with report-writing. They also gain some insight into essential national health research.

Intern training

Interns are attached for six months to the Institute’s Department of Community Medicine, where they spend two months each at a rural health training centre, a general outpatient department of a hospital, and a peripheral health centre. The following matters are studied.

- Administration
  - the organization and functioning of local government, mainly in respect of commu-
Community development blocks and primary health centres;
- the functions of paramedical workers, with particular reference to national health programmes.
- dealing with minor illness and conducting simple surgical interventions;
- the limitations of individual practitioners in rural settings and the appropriate use of consulting and referral services.

**Rural placement**

So that they can gain expertise in dealing with health care problems in rural areas and develop an aptitude for using health care as an instrument for empowerment of the poor, medical graduates are attached for two years to hospitals run by nongovernmental organizations. Small voluntary bodies are enabled to develop their capacities for service and self-help and transmit them to the community.

Doctors trained in this way should be able to adopt the Gandhian approach and philosophy in the interests of the poor, thus benefiting previously unreached people and providing health care as a basis for development in which communities are fully involved.

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**A question of scale**

Even in a small village, water sources must be protected, and all households must be ensured sufficient water. Human and animal excreta must be disposed of in ways that minimize the possibility of human infection and of food and water contamination. As a settlement's population size and density increase from village to market town to major city, so too do the scale and complexity of the environmental management needed to ensure a healthy environment.